

4.9 Payment For Services

The Commonwealth Health Center on Saipan is the single, primary provider of all medical services, both inpatient and outpatient, throughout the CNMI. Established rates for outpatient services are nominal compared to operational costs.

These established rates do not exceed combined payments the provider would get from the beneficiaries and carriers or intermediaries for comparable services under comparable circumstances under Medicare. The payments made by the Medicaid Agency for inpatient services will be paid using Medicare principles of cost reimbursement. The rates are applicable to all patients including those with third party coverage.

When a patient has medical needs which cannot be provided for by the government system, off-island providers will be utilized. The Medicaid Agency will attempt to negotiate all-inclusive per diem rates or contract rates for specific services with these providers.

4.10 Third Party Liability

The Medicaid Agency assures, to the extent possible, the identification of a liable third party to pay for services under the plan and for payment of claims involving third parties by:

- a) inquiring during the application/interview process about the probable existence of a liable third party;
- b) requiring, as a condition of eligibility, that each legally able applicant and recipient assign his rights to medical support or other third party payments to the Medicaid Agency and cooperate with the agency in obtaining medical support and payments;
- c) paying claims involving probable third party liability as follows:
 - i) If the agency has established the probable existence of third party liability at the time the claim is filed, the agency must reject the claim and return it to the provider or a determination on the amount of liability. When the amount of liability is determined, the agency must then pay the claim to the extent that payment allowed under the agency's payment schedule exceeds the amount of the third party's payment.
 - ii) If the probable existence of third party liability cannot be established or third party benefits are not available to pay the recipient's medical expenses at the time the claim is filed, the agency must pay the full amount allowed under the agency's payment schedule.

- iii) If after a claim has been paid, the agency learns of the existence of a third party resource, the agency must seek reimbursement from the third party within 60-days after the end of the month it learned of the existence of a liable third party or benefits become available.
- iv) The Medicaid Agency establishes a cumulative threshold amount of not less than \$25.00 for seeking reimbursement. It is not considered cost effective to seek reimbursement below this amount in any given month.